

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
District of _____
Town of _____
or _____
City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158
County Registrar No. #13
Local Registrar No. _____

2. Full name of child Genaro Pina No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Sept 19 27
Month Day Year

8. FATHER
Full name Amancio Pina
9. Residence Mexican Canyon
(Usual place of abode) Miami Ariz.
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Marcia Trujillo
15. Residence Mexican Canyon
(Usual place of abode) Miami Ariz.
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Mexico
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 945 on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature E. O. Schreiner M.D.
Address Miami Arizona
(Physician or midwife)

Given name added from
a supplemental report
Month, day, year

Filed Sept 20 27 Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

771-919-436